

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14578

FILED MAY 12 1944
Registration District No. 10024

Primary Registration District No. 3019

State File No. _____
Registrar's No. 68

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Clara Fay Penner

3. (b) If veteran, name war _____

3. (c) Social Security No. 494-03-2668

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 26 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 x 16 _____ hr. _____ min.

9. Birthplace Bucoda Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name H. H. Brydon
13. Birthplace Shackertown Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Hariza Bailey
15. Birthplace Clarksville Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant H. H. Brydon
(b) Address 301 W Sixth

17. (a) Burial (b) Date thereof Apr 13 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge - Kennett

18. (a) Signature of funeral director Gentz Funeral Home
(b) Address Kennett Mo.

19. (a) 4-18-44 (b) John Brinkman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 301 W Sixth (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
year 1944 hour 11 minute 00 A.M. or P.M. A

21. I hereby certify that I attended the deceased from 1-1 1944 to 4-12 1944
that I last saw her alive on 4-1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the uterus with metastasis to the intestines & liver
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 48 hr
Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature L. C. Kellogg (M. D. or other) MD
Address Kennett Mo Date signed 4-18-44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

401

RECEIVED

District Health Office No. 2,

District File Number 544-696

Date Filed 5-11-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Walter A. Hawkins

Licensed Embalmer No. 2002

P. O. Address

Kennett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. may
Registrar's No. 68

Registration District No. 107 Primary Registration District No. 3019

1. PLACE OF DEATH
(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Clara Fay Penne
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced u
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased march 26 1901
(Month) (Day) (Year)

8. AGE: Years 38 Months 10 Days 16 If less than one day min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation Worker

11. Industry or business Shirt Factory

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 4/18/44 (b) John Blankinship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April year 1944 hour 10 minute 45 M.
21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death
Duration

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

MOTHER FATHER

14578